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AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

FILL OUT ALL BLANKS

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
			BUREAU OF VITAL STATISTICS	State Index No. <u>486</u>
County <u>Graham</u>			County Registered No. <u>19</u>	
District <u>Safford</u>			Local Registrar's No. <u>15</u>	
Town <u>Graham</u>				
Or City				
ORIGINAL CERTIFICATE OF DEATH				
No. _____ St. _____				
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME _____				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>male</u>	Color or Race White <input checked="" type="checkbox"/> Indian Black <input type="checkbox"/> Chinese Mexican <input type="checkbox"/>	SINGLE <input checked="" type="checkbox"/> MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>Feb. 27, 1920</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Feb. 25, 1920</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>Feb. 25, 1920</u> to <u>2-27, 1920</u> ; that I last saw him alive on <u>2-27, 1920</u> , and that death occurred on the date stated above at <u>6 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Ante-mortem</u>	
AGE yrs. _____ mos. <u>2</u> days _____ If less than 1 day hrs., or _____ min.			(Duration) _____ yrs. _____ mos. _____ days _____	
OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed or (employer) <u>33</u>			Was disease contracted in Arizona? _____ If not, where? _____	
BIRTHPLACE (State or country) <u>Arizona</u>			CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days _____	
PARENTS	NAME OF FATHER <u>Francis Marion Shinn</u>		(Signed) <u>J. H. Shinn</u> <u>3/10/1920</u> (Address) <u>Safford</u>	
	BIRTHPLACE OF FATHER (State or country) <u>Arizona</u>		*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.	
	MAIDEN NAME OF MOTHER <u>Ada Sanders</u>		LENGTH OF RESIDENCE	
	BIRTHPLACE OF MOTHER (State or country) <u>Arizona</u>		At place of death _____ yrs. _____ mos. <u>2</u> ds. In Arizona _____ yrs. _____ mos. _____ ds.	
The Above is True to the Best of My Knowledge				
(Informant) _____			Former or Usual Residence _____	
(Address) _____			Filed _____	
PLACE OF BURIAL OR REMOVAL <u>Graham</u>		DATE OF BURIAL OR REMOVAL <u>Feb. 28, 1920</u>		
UNDERTAKER _____		ADDRESS _____		
			Filed <u>3-5-1920</u> <u>Alma Burrus</u> Local Registrar.	
			Filed <u>3-9-1920</u> <u>J. H. Stratford</u> County Registrar.	